TOHONO O'ODHAM NATION
Department of Information & Technology
PO Box 837 · Sells, Arizona 85634 · (520) 383-0270
Fax (520) 383-0271

Date: July 30, 2008

To: Theresa Throssell, Executive Assistant to Chairman, TON,

From: Trina Rodriguez, IT Project Manager, TON,

Cc: Ben Standifer CIO, TON,

Re: RHCPP, First Quarter Update

Upon confirmation as being selected to participate in the Pilot Program, the Department of Information & Technology has been preparing a packet to present to the Tohono O'odham Nation Legislative Council for the acceptance of the award.
There is a process to be followed within the Tohono O'odham Nation's chain of command.

The Tohono O'odham Nation Legislative Council has formally accepted the award and therefore the Department of Information & Technology can proceed with the implementation of the proposed project. This was approved July 10, 2008.

We will be meeting this month with our key stakeholders and will begin the first phase of the project, to place fiber within the Tohono O'odham Nation Health Complex.

Below I have provided some information for the first quarter reporting requirements.

Federal Communications Commission FCC 07-198 73/ WC Docket NO. 02-60,

APPENDIX D
Pilot Program Participants Quarterly Data Reports

DoIT....Connected and Committed!

1. Project Contact and Coordination Information

a.   Identify the project leader(s) and respective business affiliations.

Project Lead Coordinator is Ben Standifer, CIO for the Department of
Information & Technology for the Tohono O'odham Nation.

b.   Provide a complete address for postal delivery and the telephone, fax, and e-
mail address for the responsible administrative official.

P.O. Box 2425 Sells, Arizona 85634, Business Phone: 520-383-0270, Business
Fax: 520-383-027,
Administrative Official: Trina Rodriguez, trina.rodriguez@tonation-nsn.gov

c. Identify the organization that is legally and financially responsible for the
conduct of
Activities supported by the award.

The Lead Applicant for the pilot project is the Tohono O'odham Nation Department
of
Information Technology (DoIT). The Department of Information Technology provides
all
Information Technology services for the Nation, and has successfully coordinated
provision of
Email services for all departments; assessed the needs of the Nation for improved
infrastructure
to support the steadily increasing needs including: greatly expanded data
management capability
for all of the Nation's Department of Health and Human Services divisions;
expanding internal
and external electronic communication requirements.
The Departments of Information Technology will oversee the project, with
significant in-kind
staff time contributed to both planning and implementation phases. The Chief
Information
Officer for the Department has developed local, State, and National affiliations, and
is a member
of tribal, State and national Information Technology organizations, and will learn
from and share
the project results through these organizations.

DoIT….Connected and Committed!

The DoIT will oversee this project that will provide "backbone" connectivity to the external
project collaborators, including the key Arizona Telemedicine Health Network, that will also
enhance services to the O'odham through telemedicine and allow connectivity to other tribal
entities that are connected through the Tohono O'odham Broadband Internet Access Solution
(TOBIAS). The TOBIAS is a cost-sharing solution that allows on-reservation tribal entities to
cost share a 6MB - Partial DS3 connection that allows them access to a maximum of a T-1
connection at a fraction of the price. This project has been active since 2003 and has over (7)
participants which is almost 80% of tribal entities on-reservation. Through TOBIAS each
participant received at T-1 connection, firewall service, intrusion detection services, and logging
of Internet traffic. The TOBIAS project has created a Wide Area Network by definition of the
State of Arizona Target Network Architecture, to provide connectivity as one aggregation
mechanisms for disparate agencies with common communication requirements.
The project will be able to provide best practices to other tribes and will also assist the Arizona
Governor's Council on Information and Technology – Communications Infrastructure Advisory
Committee (GCIT- CIAC) in the implementation of a broadband solution in a rural to remote
areas. Other tribes can look forward to creating or participating in a broadband network, such as
the Arizona Telemedicine Health Network, to enhance the delivery of services to its tribal
Members and rural Arizona. DoIT's Chief Information Officer's national participation on select
Committees and participation through the Federal Communications Commission Indian
Telecommunication Commission (FCC-ITI), will support the proposed project, and serve as a
Model for other tribes that will to resolve relevant issues such as rights-of-way, enterprise
Architecture, and other federal requirements.

    c. Explain how project is being coordinated throughout the state or region..
This project will establish telemedicine services with the following members
of the TO Nation and the Telemedicine Partnership Team:

Indian Health Services Telemedicine Network, Arizona Telemedicine Program, Carondelet Health Network, a member of Ascension Health, Pima County Health Department, Border Health Office, Arizona Department of Health Services

2. Identify all health care facilities included in the network.
Same facilities that were identified in the proposal, nothing has changed for the first quarter.
a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA)
Code (including primary and secondary), six-digit census tract, and phone number for
Each health care facility participating in the network.
b. For each participating institution, indicate whether it is:
i. Public or non-public;
ii. Not-for-profit or for-profit;
iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.
We have not yet encountered any ineligible health care provider in this project in the first quarter.

3. Network Narrative: In the first quarterly report following the completion of the competitive
bidding process and the selection of vendors, the selected participant must submit an updated
technical description of the communications network that it intends to implement, which takes
into account the results its network design studies and negotiations with its vendors. This
technical description should provide, where applicable:
We have not reached this point yet in the first quarter of this project.

a. Brief description of the backbone network of the dedicated health care network, *e.g.*,
MPLS network, carrier-provided VPN, a SONET ring;
b. Explanation of how health care provider sites will connect to (or access) the network,
including the access technologies/services and transmission speeds;
c. Explanation of how and where the network will connect to a national backbone such as
NLR or Internet2;
    d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

e. Special systems or services for network management or maintenance (if applicable) andwhere such systems reside or are based.

4. List of Connected Health Care Providers: Provide information below for all eligible and noneligible
health care provider sites that, as of the close of the most recent reporting period, are
connected to the network and operational.

We have not connected to any Health Care Providers at this time in the first quarter of the project.
a. Health care provider site;
b. Eligible provider (Yes/No);
c. Type of network connection (*e.g.*, fiber, copper, wireless);
d. How connection is provided (*e.g.*, carrier-provided service; self-constructed; leased
facility);
e. Service and/or speed of connection (*e.g.*, DS1, DS3, DSL, OC3, Metro Ethernet (10
Mbps);
f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
Federal Communications Commission FCC 07-198
74
g. Site Equipment (*e.g.*, router, switch, SONET ADM, WDM), including manufacturer
name and model number.
h. Provide a logical diagram or map of the network.
5. Identify the following non-recurring and recurring costs,[423] where applicable shown both as
budgeted and actually incurred for the applicable quarter and funding year to-date.

We have not incurred any cost in the first quarter of the project.
a. Network Design
b. Network Equipment, including engineering and installation
c. Infrastructure Deployment/Outside Plant
i. Engineering
ii. Construction
d. Internet2, NLR, or Public Internet Connection
e. Leased Facilities or Tariffed Services
f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
g. Other Non-Recurring and Recurring Costs

6. Describe how costs have been apportioned and the sources of the funds to pay them:

We have not reached this point in the first quarter to deal with funding issues.
a. Explain how costs are identified, allocated among, and apportioned to both eligible and
ineligible network participants.
b. Describe the source of funds from:
i. Eligible Pilot Program network participants
ii. Ineligible Pilot Program network participants
c. Show contributions from all other sources (*e.g.*, local, state, and federal sources, and
other grants).
i. Identify source of financial support and anticipated revenues that is paying for
costs not covered by the fund and by Pilot Program participants.
ii. Identify the respective amounts and remaining time for such assistance.
d. Explain how the selected participant's minimum 15 percent contribution is helping to
achieve both the selected participant's identified goals and objectives and the overarching
goals of the Pilot Program.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible
entities to connect to the participant's network.
We have not yet indentified any ineligible entities in the first quarter.

8. Provide an update on the project management plan, detailing:
a. The project's current leadership and management structure and any changes to the
management structure since the last data report; and

There have been no changes in the project management plan in the first quarter.

b. In the first quarterly report, the selected applicant should provide a detailed project plan
and schedule. The schedule must provide a list of key project deliverables or tasks, and
their anticipated completion dates. Among the deliverables, participants must indicate
the dates when each health care provider site is expected to be connected to the network
and operational. Subsequent quarterly reports should identify which project deliverables,

scheduled for the previous quarter, were met, and which were not met. In the event a
project deliverable is not achieved, or the work and deliverables deviate from the work
plan, the selected participant must provide an explanation.

423 Non-recurring costs are flat charges incurred only once when acquiring a particular service or facility. Recurring
costs are costs that recur, typically on a monthly basis, because they vary with respect to usage or length of service
contract.

No project deliverables were requested for this project in the first quarter.

Federal Communications Commission FCC 07-198
75
9. Provide detail on whether network is or will become self sustaining. Selected participants should
provide an explanation of how network is self sustaining.

This has not yet been identified in the first quarter of the project.

10. Provide detail on how the supported network has advanced telemedicine benefits:

We have not yet reached this point in the first quarter for the project.

a. Explain how the supported network has achieved the goals and objectives outlined in
selected participant's Pilot Program application;
b. Explain how the supported network has brought the benefits of innovative telehealth and,
in particular, telemedicine services to those areas of the country where the need for those
benefits is most acute;
c. Explain how the supported network has allowed patients access to critically needed
medical specialists in a variety of practices without leaving their homes or communities;
d. Explain how the supported network has allowed health care providers access to
government research institutions, and/or academic, public, and private health care
institutions that are repositories of medical expertise and information;

DoIT....Connected and Committed!

e. Explain how the supported network has allowed health care professional to monitor
critically ill patients at multiple locations around the clock, provide access to advanced
applications in continuing education and research, and/or enhanced the health care
community's ability to provide a rapid and coordinated response in the event of a national
crisis.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:
a. Explain how the supported network has used health IT systems and products that meet
interoperability standards recognized by the HHS Secretary;

We have not yet reached this point in the first quarter of the project

b. Explain how the supported network has used health IT products certified by the
Certification Commission for Healthcare Information Technology;
c. Explain how the supported network has supported the Nationwide Health Information
Network (NHIN) architecture by coordinating activities with organizations performing
NHIN trial implementations;
d. Explain how the supported network has used resources available at HHS's Agency for
Healthcare Research and Quality (AHRQ) National Resource Center for Health
Information Technology;
e. Explain how the selected participant has educated themselves concerning the Pandemic
and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for
Public Response as a resource for telehealth inventory and for the implementation of
other preparedness and response initiatives; and
f. Explain how the supported network has used resources available through HHS's Centers
for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to
facilitate interoperability with public health and emergency organizations.

DoIT....Connected and Committed!

12. Explain how the selected participants coordinated in the use of their health care networks with the
Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease
Control and Prevention (CDC) in instances of national, regional, or local public health
emergencies (*e.g.*, pandemics, bioterrorism). In such instances, where feasible, explain how
selected participants provided access to their supported networks to HHS, including CDC, and
other public health officials.

We have not yet reached this point in the first quarter of the project.